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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/712,486	11/13/2003	David A. Schechter	2876

50855  
UNITED STATES SURGICAL,  
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150 GLOVER AVENUE  
NORWALK, CT 06856

**CONFIRMATION NO. 8330**  
**\*OC000000016204859\***  
**\*OC000000016204859\***

Date Mailed: 06/06/2005

**NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 05/20/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

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LISA E FULTON  
3700 (571) 272-4348

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**CONFIRMATION NO. 8330**

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**\*OC000000016204854\***  
**\*OC000000016204854\***

Date Mailed: 06/06/2005

**NOTICE REGARDING CHANGE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 05/20/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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